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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # M95551** 

(1)

ENVIRONMENTAL PROFESSIONAL ASSOCIATES. INC.

Principal Place of Business Mailing Address % DAVID W. LEE % DAVID W. LEE 2302 S.E. 28TH ST. 2302 S.E. 28TH ST. **CAPE CORAL FL 33904-3334** CAPE CORAL FL 33904 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1988 04/15/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0072167 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name LEE, DAVID W. 2302 S.E. 28TH ST. Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styroton, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE DRIF LEE, NANCY E. 1.2 NAME NAME 2302 S.E. 28TH STREET STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 1.4 CITY - ST-ZIP City - St - ZiF DELETE Change Addition 2.1 TITLE Mili NAM: 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY - \$1 - 20 DELETE Change Addition 3.1 TITLE THEE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP City-Si Change DELETE Addition | THLE 4.1 TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS CITY ST 70 5.4 City - ST - ZiP DELETE 6.1 TITLE Change Addition TILL NAM 62 NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY - ST - ZIP CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ONAT PIE AND TYPE OF PRINTED PANE OF BIODING OFFICER OR DIRECTOR

9/14/Date

941-574-3101

FILED

Apr 14 1997 8:00am

Secretary of State

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